MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WILL FORM PTO-875)

PTO - 1360 (REV. 11/04)

107534184

FILING DATE

U.S. DEPARTMENT of COMMERCE Patent and Trademark Office

APPLICANT(S)

AS FILED AFTER AFT	
TAMENDMENT 2 AMENDMENT 2	AS FILED 1" AMENDMENT 2 " AMENDMENT DEP. IND. DEP. IND. DI
1	DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. S1 S2 S3 S4 S5
2	51 52 53 54 55 56 57
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6 7 8 9 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>56</u> 57
8 9 10 11 11 12 13 14 15 16 17 18 19 20 21 22 23 24	57
9 10 11 11 12 13 14 15 16 17 18 19 20 21 22 23 24	
10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	
11	59
12 13 14 15 16 17 18 19 20 21 22 23 24	60
13 14 15 16 17 18 19 20 21 22 23 24	61 62
15 16 17 18 19 20 21 22 23 24	63
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TOTAL 5 CLAIMS 5	TOTAL DEP. TOTAL CLAIMS